

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 377

Primary Registration District No. 500

Registrar's No. 874

STATE FILE NUMBER

-62-017611

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **JEFFERSON BARRACKS**

Length of stay in lb
2901 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR VETERANS ADMINISTRATION
INSTITUTION **HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY

c. CITY OR TOWN **ST. LOUIS**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2652 ACCOMAC

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALOYSTIUS

H.

STOFF

4. DATE OF DEATH

Month **MARCH**

Day **13**

Year **1962**

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-5-92

9. AGE (last birthday)

69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired)

RESTAURANT MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HERMAN J. STOFF

13b. MOTHER'S MAIDEN NAME

AGUSTA SCHEMITZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address **ST. LOUIS, MO.**

ALPHONSE G. STOFF 2220a Oregon ST.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMBOLI

INTERVAL BETWEEN ONSET AND DEATH
MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BRONCHOPNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-3-54** to **3-13-62** and **EXHIBIT**

Death occurred at **8:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul Thomas

(Degree or title)

22b. ADDRESS

M.D. VET ADM HOSP, JEFF BRKS, MO.

22c. DATE SIGNED

3-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

3/15/62

23c. NAME OF CEMETERY OR CREMATORY

St. Peter and Paul

23d. LOCATION (City, town, or county)

St. Louis, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.

3-14-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 *4000*
2 *223*
3
4 *8*
5 *0*
6
7 *0*
8 *1*
9 *+*
10
11
12 *480*
13
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leo J. Brade

Licensed Embalmer No. 3989

P. O. Address At Home Inc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.